| DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION | | FORM APPROVED OMB NO. 0938-0193 |
|--|--|------------------------------------|
| | 1. TRANSMITTAL NUMBER: | 2. STATE: |
| TRANSMITTAL AND NOTICE OF APPROVAL OF | 0 3 — 0 0 3 | CA |
| STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 3. PROGRAM IDENTIFICATION: TITL SECURITY ACT (MEDICAID) | E XIX OF THE SOCIAL |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | |
| HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | July 1, 2003 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | |
| □ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: a. FFY 2003-04 \$ 3.2 b. FFY 2004-05 \$ 4.2 | 25 million 25 million |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable): | |
| Attachment 2.2-A, page 23d | Attachment 2.2-A, page 23 | 3d |
| | | |
| | | |
| | | |
| 10. SUBJECT OF AMENDMENT: | | 1 |
| Presumptive Eligibility for children under age | 19 | |
| 11. GOVERNOR'S REVIEW (Check One): | | |
| ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT | OTHER, AS SPECIFIED: The G | overnor's Office |
| ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED | does not wish to review State Plan | |
| ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | Amendments | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: | |
| 10 DOSE MANS | Department of Health Service | ac |
| 13. TYPED NAME: Cail L. Margolls, Bay Stan Rosenstein | 714 P Street, Room 1640 | _3 |
| 14. TITLE: Deputy Director, Medical Care Services | Sacramento, CA 95814 | |
| | ATTN: Rich Anselmo | |
| 15. DATE SUBMITTED: $2-19-03$ | , | |
| EOR REGIONAL DE | | |
| 17. DATÉ RECEIVED: February 19, 2003 | 18. DATE APPROVED: | |
| PLAN APPROVED - Q | AND ADDRESS OF THE PARTY OF THE | |
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| July 1, 2003 21. TYPED NAME: | Clare A favorier parlons | |
| Linda Minamoto | Associate Regional Division of Medical | |
| 23. REMARKS: | | |
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Revision:

ATTACHMENT 2.2-A Page 23d

State/Territory: California

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

for mail-in applications and California schools participating in the National School Lunch Program Medicaid expansion are designated as the only "Qualified Entities" to determine presumptive eligibility for children under 19.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

1902(a)(10)(A) (ii)(XIII) of the Act X

24. Working disabled individuals who meet the requirement of Section 1902(a)(10)(A)(ii)(XIII) who: (a) have net countable family income below 250 percent of the FPL (b) are disabled according to federal standards, and (c) except for earnings, the disabled individual must be eligible for benefits under the Supplemental Security Income/State Supplemental Program (SSI/SSP). The FPL for one is used if the individual is a child; if the applicant is unmarried; or the applicant is married but there is no income counted

Tn No. 03-003 Supersedes Tn No. 02-004

Approval Date MAY - 6 2003

Effective Date July 1, 2003

HCFA